

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

DANNY D. CABRERA

(Enter above the full name of the plaintiff in this action)

V.

CHARLES WARREN, ET AL,
MEDICAL DEPARTMENT

(Enter the full name of the defendant of defendants in this action)

COMPLAINT

Civil Action No. _____

(To be supplied by the Clerk of the Court)

RECEIVED

SEP 22 2021

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$402.00 (a filing fee of \$350.00, and an administrative fee of \$52.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$402.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

7. If you are given permission to proceed in forma pauperis, the \$52.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. §1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

1b. Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly-committed detainee

☐ Immigration detainee

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☐ Other: (please explain) CUMBERLAND COUNTY DEPT. OF CORRECTIONS

2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

a. Parties to previous lawsuit:

Plaintiff(s): DANNY D. CABRERADefendant(s): CHARLES WARREN, ET AL MEDICAL DEPARTMENT

b. Court and docket number: _____

- c. Grounds for dismissal: () frivolous () malicious
() failure to state a claim upon which relief may be granted

d. Approximate date of filing lawsuit: 8/29/2021

e. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? CUMBERLAND COUNTY DEPT OF CORRECTIONS

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

a. Name of plaintiff: DANNY D CABRERA

Address: DANNY D. CABRETA

Inmate#: 63449

b. First defendant:

Name: CHARLES WARREN, ET AL

Official position: WARDEN OF CUMBERLAND COUNTY JAIL

Place of employment: 54 W. BROAD STREET BRIDGETON N.J.

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

REFUSING TO GIVING ME MEDICAL TREATMENT THAT REQUIRED BY MD DOCTORS FROM OUTSIDE. THE MD DOCTORS SENT IN TO MEDICAL DEPARTMENT REFERRALS FOR SPECIAL MEDICATIONS FOR MY DISEASE I HAVE. AND THE MEDICAL DEPARTMENT HAS REFUSED TO TREAT ME.

c. Second defendant:

Name: _____

Official position: _____

Place of employment: _____

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☐ Yes ☒ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

If your answer is "No," briefly explain why administrative remedies were not exhausted.

6. ADMINISTRATOR WARREN and MEDICAL DEPARTMENT
REFUSED TO MAKE WAY OF TRANSPORTATIONS FOR
MY HEALTH TREATMENT THAT IS REQUIRE BY
MD DOCTORS. THIS TREATMENT IS NEED TO KEEP ME
ALIVE. THIS TREATMENT IS REQUIRE EVERY WEEK.
 Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

ON THE BEHALF OF THIS COMPLAINT OF MY HEALTH
I WAS ASSAULTED BY C/Ds UP STAIRS IN
MY HOUSING AREA AND I WAS SERIOUSLY
DAMAGED BODY WISE, AFTER THAT TOOK PLACE
I WAS THEN ASSAULTED BY INMATES LATER
AFTER I WAS PLACED BACK TO THE SAME HOUSING
POD, AND C/Ds PUT ME BACK THERE SO INMATES

COULD ASSAULT ME, AND THAT WHAT HAPPEN. I SUFFER #2 BLACK EYES - TORN LIGAMENT ON LEFT HAND DAMAGE TO MY HEAD BACK AND LEGS BY C/Os FIRST, THEN TOOK ME TO ANOTHER HOUSING PAD I WAS ASSAULTED THERE BY INMATES. I HAVE A SERIOUS BONE DISORDER THAT CRITICAL AND IT, CHRONIC ILLNESS. ALSO I HAVE SUGAR VERY BAD AND I'M NOT RECEIVING THE TREATMENT I NEED TO CONTINUE A HEALTHY LIFE WITH MY FAMILY. MD. DOCTORS HAVE SENT IN TO C.C.D.C. JAIL, MEDICAL DEPARTMENT MANY REFERRAL TO MAKE APPOINTMENT TO PAIN MANAGEMENT FOR MY CHRONIC ILLNESS DISORDER AND THE WARDEN HAS REFUSED TO INFORM THE MEDICAL DEPARTMENT OF REFERRALS OF MY TREATMENT ON OUTSIDE AND AS OF NOW 8/29/2021 TIME 2:20 PM I'M SUFFERING IN BED MY BONES ARE HURTING SO BAD UNTILL I CAN'T EVEN USE TOILET I WENT TO THE BATHROOM IN MY BED, THIS IS WHY I NEED HELP FROM THE U.S.D.C. IF I DON'T RECEIVE THE HELP I NEED I'M GOING TO DIE IN THIS BAD CONDITION OF LIVING HERE IN CUMBERLAND COUNTY JAIL.

7. ^{Relief} I WAS ASSAULTED BY INMATES BECAUSE I WAS HISPANIC, THEN WHEN I CONFRONTED C/Os ABOUT ASSAULTING THEY THEN LOCK ME UP AND ASSAULTED ME AS WELL. ALL MY RIGHTS HAS BEEN VIOLATED PLEASE I NEED SOME HELP AND RELIEF.

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I'M ASKING COURTS TO PLEASE ASSIGNED A P.A.O, BOND COUNSELOR TO HELP ME AND I WANT TO SEE JUSTICE DONE, AND I'M SEEKING \$350,000.00 FOR PAIN AND SUFFERING.

AND I HAVE #8 COPY OF ADMINISTRATIVE REMEDY FORM I
SUBMITTED TO THE WARDEN ALONE WITH REQUEST FORMS HE
JUST WON'T RESPOND TO MY REMEDY FORM OR MY REQUEST
FORMS, HE DON'T EVEN WALK THE TO SEE HOW THE
INMATES ARE DOING OR MAKE SURE THEY ARE TREATED
RIGHT HERE IN CUMBERLAND COUNTY JAIL. THEY
HAVE HOUSED ME WITH THE INMATES WHO WAS
TESTED POSITIVE FOR COVID-19 AND IS STILL
BRING POSITIVE INMATES AROUND ME.

8. Do you request a jury or non-jury trial? (Check only one)

() Jury Trial ☒ Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of August, 2021

Dany Eden
Signature of plaintiff*

(*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT
HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF.
REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).



[Signature]